

MDOT Annual Certification/Financial Information

2017

City of Burton

Classification	Numbe	er of Employees	Wage Rate
Street Administrator/City Engineer		1	\$42.68
Superintendent/Foreman		1	\$31.69
Civil Engineer Tech/Act 51 Inspector		1	\$25.86
Foreman/Sr Crew Leader		1	\$24.76
Equipment Operator		1	\$23.62
Laborer		4	\$18.17-\$20.60

Current fiscal year budget can be found at www.burtonmi.gov on the home page under popular links "FY 2017-2018 Approved Budget."

Dashboard can be found at www.burtonmi.gov on the home page under popular links "City of Burton performance dashboard."

Names and contact information for the governing body can be found at www.burtonmi.gov under "government" then "City Council" then "City Council Members."

Michigan Department Of Transportation 2068 (12/15)

PUBLIC ACT 51, SECTION 18j, MCL 247.668j Annual Certification of Employee-related Conditions

CERTIFICATION YEAR 2017

	CITY OR VILLAGE NAME City	of Burton, M	1ichigan	
Section 1 employee benefits a contribution	September 30, 2015, and annually each \$5(1) of Public Act 51 of 1951, MCL 247.66 compensation plan for its employees as re offered to its employees or elected pulp act, 2011 PA 152, MCL 15.561 to 15. iblic officials.	38j(1). A l described blic officials	local road agency must certify that it has OR (b) the local road agency must or s in compliance with the publicly funded	(a) developed an ertify that medical I health insurance
	Compliance with(1)(a) I certify compliance with MCL 247.668j(1)(a). Our compensation plan for employees meets to	the minimum	criteria of MCL 247.668j (a)(i - iv).	
	Compliance with (1)(b) I certify compliance with MCL 247.668J(1)(b),	and as such	, offer one of the following:	
	☐ I certify that medical benefits are offered to the publically funded health insurance cont			
	☐ I certify that the local road agency has exer act, 2011 PA 152; or	mpted itself f	from the publically funded health insurance of	ontribution
	☐ I certify that medical benefits are not offere	ed to employe	ees or elected public officials.	
	Non-compliance with (1)(a) or (1)(b) I certify that we are not in compliance with MC I understand that failure to comply with certific part of the distributions made to this local road	ation of (a) o	or (b) of MCL 247.668j(1) may result in the wi	thholding of all or
This fo	m must be signed by the Street Administrator a	and the Trea	surer or Financial Director.	
	OFFICE CO		IGNATURE BULL TURN	
	ED NAME y A. Kray	G PI	RINTED NAME inger Burke-Miller	
TITLE	DATE Administrator	7 /	TLE ontroller	DATE 9/5/2017
	7	1		

Due Éach September 30

Return the completed form to:

Michigan Department of Transportation, Financial Operations Division, P.O. Box 30050, Lansing, MI 48909, OR

Email to: MDOT-Outreach@michigan.gov, OR

Fax to: (517) 373-6266